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Summer, 1998

Montana Responds To STD/HIV

SPG MEETINGS SET:
METNET MEETING: DEC. 8th
IN-PERSON: JANUARY 29-30th
IN HELENA

NEW STD/HIV EMPLOYEE:

Ernie Saxman has joined our section. Ernie comes to us from a Health Education background. His wide experience includes public school health education and a position on the adjunct faculty of Carroll College. Ernie worked as an athletic trainer for ten years; five years at Capital High School and five years at Carroll College. He also has background in business management, including his own business and a time in the Governor's Office. He is a graduate of Montana State Bozeman.

The Helena Schools employ his wife Twila. Ernie has two children, Joy-a music education graduate student at MSU-Bozeman and Mathias who is a junior at MSU-Bozeman in human performance. His mother, Elizabeth lives with them in Helena. We are delighted to have him on board! If you're in Helena, stop up in Room C-305 in the Cogswell Building and wish him well.

HIV Prevention in the United States Reviewed

Prevention remains the most realistic strategy for dealing with the HIV epidemic. However, HIV prevention efforts in the US face enormous challenges. The goal for the US is to identify behaviors that put individuals and groups at risk for HIV transmission, to implement programs that help individuals to understand what constitutes risky behavior, and to assist in changing that behavior.

Translating knowledge about effective HIV prevention strategies into sound HIV prevention policy must be a priority. For example, AIDS prevention experts must dispel the myth that needle exchange programs for injection drug users encourage drug use; such programs may decrease the risk for HIV transmission. Another challenge is to implement effective sex education programs. It is well established that early sex education does not lead to more frequent sex among young people; in fact, it may actually decrease overall sexual activity and decrease high-risk sexual activities. Finally, prevention programs must reach those most at risk. Surveillance data indicate that these groups include young gay men, Hispanic, and African-Americans, and the economically disadvantaged. Prevention policy too often is formed on the basis of opinion or anecdote rather that on the basis of science. Sound and strong science is needed to ensure that the best programs and policies be put into place.

Reprinted from Rural Prevention Report Vol.5 No. 1, Spring 1998
Source: Coates, TJ & Feldman, MD (1997). An overview of HIV prevention in the United States.

HELP WITH IDU'S

Last fall HIV prevention dollars sent ten individuals to the Harm Reduction Conference. These people are now a valuable resource within Montana for knowledge on this subject. If you are in need of ideas or information on reaching out to this population, give one of the following people a call.

Pete Townsend ...761-0310

Rick Wagner..... 723-6452

Brant Goode..... 523-4775

Erik Lefthand.....638-2665

Debbie Hedrick....247-3377

Colleen Todorovich...496-5430

Jerry Schlepp.....365-5942

Frank Gary.....431-0096

Vicki Peterson.....758-5756

Sally Klein.....444-9028

CDC Video Conference:
Update on HIV Prevention for Persons Who Are Living With HIV

October 22, 1998

11:00-1:30 MST

For information on registering a site

http://www.cdcnpin.org/broadcast

TA Available for CPG's that work with youth

DASH/DHAP are interested in giving TA to groups interested in targeting gay, lesbian, bisexual, trans-gender, young MSM, and women of color. However, other requests for youth related projects can also be made. TA could include critical components of effective HIV/STD youth interventions, youth development as a prevention strategy, youth involvement in community planning, reaching high-risk-youth, and coalition building. For more information about requesting this TA:

Contact Kent Klindera at Advocates for Youth(202)347-5700 or check out their internet site: http://www.advocatesforyouth.org

STD STATS THROUGH JUNE 1998

	CHLAMYDIA	GONORRHEA	SYPHILIS
Jan-June 1998	650	25	0
Jan-June 1997	597	27	2

For complete breakdown by county, call Terry Peterson @ 444-2678

KEEP TALKING IT UP

"Combating Complacency", the theme for the World's AIDS Conference held in Geneva last month, holds some wisdom for all of us. An important part of our job is to continue to strive for greater vigilance in risk reduction for the citizens of Montana. That includes safer sex for all persons having sex every time they have sex or using clean needles every time a citizen shoots up, but it is more than that. It means making all of our residents aware that HIV exits within the borders of our state! One painless way to advertize is to be a guest on the local radio talk show. Simply call your local radio station and ask if you could be a guest.

There are basically two types of shows. One is the interview. Simply give your host some questions and answer them on the air. The second is trickier. It's a call-in talk show. These are generally harder to stage as the general public has a chance to call in questions. Ken Pekoc, our public information officer, suggests you listen to those shows for a few days before you volunteer. The same individuals tend to call in each day. Some tips: think your answer through before you speak, know your subject matter, and don't feel rushed.

This is a great way to get some HIV facts out into your community! Give it a try!

UPCOMING HIV COUNSELING/TESTING COURSE
MISSOULA, MONTANA
SEPTEMBER 25-26
TO REGISTER CALL KATHY @ 444-3565
FOR MORE INFORMATION CALL MARGARET SOUZA @444-2675

Margaret Souza is attempting to arrange an HIV Counseling /Testing Course in Region I for the fall, probably late October or early November. This is contingent upon having enough participants. If you are interested in a class or know of someone else who might be interested, please let Kathy know at 444-3565. We have five people at present.

Important dates to remember:

Governor's AIDS Advisory Council Meeting: September 14 in Helena

NAAC Meeting: October 8 in Helena

STD/HIV Contractor's Meeting: October 9 in Helena

AIDS Review Panel Meeting: November 19 in Helena

World AIDS Day: December 1, 1998

Montana AIDS Cases as of July 31, 1997

Includes all cases reported to the Montana Department of Public Health & Human Services since 1985.

Reported Cases meeting CDC AIDS Case Definition	Adult/Adolescent		Pediatric (<13)		Total	
	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)
Total:	385 (100)	217 (56)	4 (100)	4 (100)	389 (100)	221 (57)

Exposure Category- Adults and Adolescents	Males (%)	Females (%)	Total (%)
Men who have sex with men	217 (62)	0 (0)	217 (56)
Injecting Drug Use (IDU)	42 (12)	3 (8)	45 (12)
Men who have sex w/ men & IDU	37 (11)	0 (0)	37 (10)
Hemophilia/Coagulation Disorder	9 (3)	0 (0)	9 (2)
Heterosexual Contact	11 (3)	24 (65)	35 (9)
Transfusion with Blood or Blood Products	5 (1)	4 (11)	9 (2)
None of the Above/Under Investigation	27 (8)	6 (16)	33 (9)
Total:	348 (100)	37 (100)	385 (100)

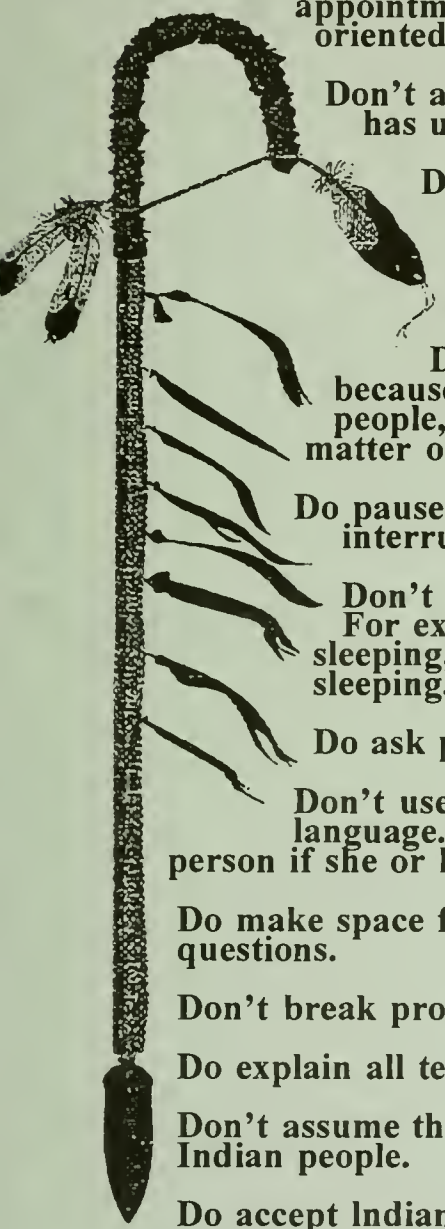
Exposure Category- Pediatric Cases (<13)	Males (%)	Females (%)	Total (%)
Mother with/at risk for HIV infection	3 (100)	1 (100)	4 (100)
Total:	3 (100)	1 (100)	4 (100)

Age at Time of Diagnosis	Cases (%)
Under 5	4 (1)
5-12	0 (0)
13-19	2 (1)
20-29	84 (22)
30-39	185 (48)
40-49	74 (19)
Over 49	40 (10)
Unknown	0 (0)
Total:	389 (100)

Race/Ethnicity	Adult/Adolescent	Pediatric<13)	Total
	Cases (%)	Cases (%)	Cases (%)
White	340 (88)	2 (50)	342 (88)
Black	11 (3)	0 (0)	11 (3)
Hispanic	10 (3)	0 (0)	10 (3)
Asian/Pac.Isr	0 (0)	0 (0)	0 (0)
AmerInd/Alskn	24 (6)	2 (50)	26 (7)
Unknown	0 (0)	0 (0)	0 (0)
Total:	385 (100)	4 (100)	389 (100)

Other HIV/AIDS Related Information:
US AIDS Cases as of June 30, 1998: 665,357 Montana AIDS Cases reported in 1998: 16
HIV testing at the Public Health Lab since 1985 (testing contains duplicates): 115,619 (583+) In 1998: 6,795 (19+)
Cases include 285 Montana cases & 104 individuals diagnosed in other states who moved to, or returned to Montana.
For more information contact Jim Murphy at (406) 444-0274 or the *STD/HIV Info Line* at 1-800-233-6668.

Do's and Don'ts for Medical Providers When Treating Indian Patients



Do understand when your Indian client brings their whole family to a medical appointment or the hospital. Indian people are very family oriented, and it is often a person's wish to have family support.

Don't assume that all Indian people are the same. Each Tribe has unique cultures, languages, beliefs and dress.

Do recognize the importance of nonverbal communication. Listen very carefully, because some Indian people use few words and speak in a very low tone of voice. It is considered impolite to say "Huh," or "I beg your pardon."

Don't assume someone is not paying attention to you because he or she is not looking at your eyes. For many Indian people, staring at a person's eyes is disrespectful. It is a simple matter of being courteous to keep one's eyes down.

Do pause before you reply to an Indian patient and do not interrupt.

Don't miss subtle cues or clues. Words are not used casually. For example, when a person says "I am having a little trouble sleeping,"' it could really mean "I am having a lot of trouble sleeping."

Do ask permission before touching.

Don't use medical jargon; try to explain things in everyday language. However, don't talk down to the person. Ask the person if she or he understands.

Do make space for people to tell their own story. Wait for your questions.

Don't break promises; if you say you're going to call, then call.

Do explain all tests and treatments carefully.

Don't assume that every Indian person knows everything about all Indian people.

Do accept Indian people for whom they are, and their beliefs for what they are.

Submitted by Sandra Sorrell

National AIDS Education and Training Centers Free Telephone Consultation Services

Clinicians' Post-Exposure Prophylaxis Hotline PEPline: 1-888-HIV-4911
24 hours/7 days a week

The PEPline provides evaluation and management assistance to treating clinicians of health care workers who have been exposed to blood-borne pathogens. Non-emergency call will be returned M-F, 7:30 AM-5:00PM, PST

HIV Telephone Consultation Service
Warmline: 1-800-933-3413
Mon.-Fri., 7:30-5:00, PST

The Warmline provides expert consultation to health care providers caring for HIV-positive patients. Speak with clinicians about case consultation, drug information, HIV prevention and infection control recommendations.

For more information about these services, see http://itsa.ucsf.edu/warmline

The Montana AIDS Stats are now on the web. The address is:
http://www.dphhs.state.mt.us/hpsd/pubheal/disease/pdf/98june.pdf

800 copies of this public document were published at an estimated cost of 30¢ per copy, for a total cost of $240.00, which includes $240.00 for printing and $.00 for distribution.

MONTANA
Department of Public Health & Human Services
STD/HIV Prevention Section
1400 Broadway, Room C305
Helena, MT 59620

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Autumn, 1998

MONTANA RESPONDS TO STD/HIV

Autumn, 1998

SPG MEETINGS SET:

METNET MEETING: DEC. 11th
12:00 - 3:00 p.m.
IN-PERSON: JANUARY 28-30th
IN HELENA

UPCOMING HIV COUNSELING/TESTING COURSES TENTATIVELY SCHEDULED FOR 1999

BUTTE - JANUARY 1999
MILES CITY - MARCH 1999
HAVRE - JUNE 1999

IF INTERESTED OR FOR MORE INFORMATION CALL MARGARET SOUZA @444-2675 OR KATHY COOK @ 444-3565

Congratulations!

The four Native American HIV/AIDS PSA's developed by the Salish Kootenai College have been asked to be screened at the XXIII American Indian Film Festival in San Francisco in late November. Good Luck in your screening!

Important dates to remember:

January 10: Quarterly reports and final bills due to DPHHS.

AIDS Review Panel Meeting: February 18,1999 in Helena

March 24-28: Community Planning Leadership Summit in Pittsburg, PA.

HIV Prevention Conference: *Weaving Threads of Hope: Moving HIV Prevention into the Next Millennium* - May 14-15, 1999 in Great Falls at the Heritage Inn.

Terry Peterson is in the process of planning STD Disease Intervention Courses. If you are interested in having one in your area, call him at 444-2678 and you can be put on the schedule.

HOT OFF THE WEB: Resources Available from the Internet

The Montana AIDS Stats are now on the web.
http://www.dphhs.state.mt.us/hpsd/pubheal/disease/pdf

Rural Center for AIDS/STD Prevention http://www.indiana.edu/~aids

John Hopkins AIDS Program http://hopkins-aids.edu/geneva/info.html

Clinical Care Options for HIV from the Health Care Communications Group
http://www.healthcg.com/hiv

HIVInSite from the UCSF AIDS Research Institute http://hivinsite.ucsf.edu

National Minority AIDS Council http:// www.nmac.org

STUDY SUPPORTS EFFICACY OF FAMVIR IN PREVENTING GENITAL HERPES RECURRENCES IN PEOPLE WITH HIV

Famvir was shown to suppress recurrent herpes simplex virus(HSV) infections in people with HIV, according to a study presented at the annual meeting of the Infectious Disease Society of America. In the study, 97 percent of patients treated with Famvir as suppressive (ongoing)therapy experienced no culture-confirmed HSV recurrences during the four-month period they were taking the medication.

Genital herpes is one of the most common infections in people with HIV and can lead to serious complications.

Famvir is currently approved for the treatment and suppression of HSV infections (oral and genital) in immunocompetent individuals and is the first and only oral drug approved for the treatment of herpes for this population.

World AIDS Day 1998
"BE A FORCE FOR CHANGE"
Governor's Award Winners Announced

Robert Fiddler - Professional Disc Jockey and Person Living with AIDS from Deer Lodge

Rick Wagner - Professional Counselor, member of Butte AIDS Support Services(BASS), Co-chair of the Statewide Planning Group(SPG), and AIDS Volunteer from Butte.

Leslie Noble - Youth Education and Support Services(YESS) Peer Educator and Community Volunteer-Bozeman

Jennifer Bosley- Falls AIDS Network Founder and AIDS Prevention Volunteer-Great Falls

Doug Kuntzweiler, M.D. - Director of Emergency Room Services at St. Peter's Hospital, Member of the Board for the Community Health Center, Member of the Board of Directors of the Lewis and Clark AIDS Project, and HIV Prevention Advocate from Helena

Rev. Kenn Green - Pastor of the Episcopal and Presbyterian Churches, Member of the AIDS Task Force, HIV Prevention Advocate particularly with youth and young adults from Havre

Vicki Peterson - Street Outreach Worker for the Flathead Health Department and Member-at-Large of the Statewide Planning Group(SPG) from Kalispell

All of these individuals will be honored in an awards' ceremony in Helena at Jorgenson's Restaurant at 10:30 a.m. on December 1, 1998. Lt. Governor Judy Martz will be the guest speaker. She will distribute the awards with Nancy Keenan, Superintendent of Public Instruction, and Laurie Ekanger, Director of DPHHS. A luncheon will follow the ceremony. The public is invited to attend. For luncheon reservations, call Kathy Cook at 444-3565.

LOOKING FOR A REAL GOOD TEEN MAGAZINE? MAYBE FOR A TEEN IN YOUR OWN HOME, OR TO HAVE IN YOUR WAITING ROOM FOR AN UNSUSPECTING TEEN TO BROWSE THROUGH. I HIGHLY RECOMMEND *GLAMOUR* MAGAZINE. THEY TEAM UP WITH THE KAISER FOUNDATION EACH YEAR AND HAVE AN EXCELLENT STD SURVEY. IN ADDITION TO THE RESULTS BEING PUBLISHED, THEY OFFER ACCURATE STD INFORMATION IN NEARLY EVERY ISSUE. THEY ADDRESS SEXUAL HEALTH, TAKING SEXUAL RESPONSIBILITY, AND TAKE PRIDE IN KEEPING THEIR AUDIENCE EDUCATED.

"Sexuality education is not about destroying children's moral fiber. . . It is about building and nurturing young people's lives."

Sexuality education is not about teaching people the various positions or styles of sexual intercourse. Rather, it addresses the biological, psychological, and spiritual dimensions of a person's being, including the skills to communicate effectively and to make responsible decisions.

Sexuality education involves acquiring information and forming attitudes, beliefs, and values about one's identity, relationships, and intimacy. It includes sexual development, reproductive health, interpersonal relations, affection, intimacy, body image, and gender roles.

In fact, the 1993 World Health Organization study on "The effects of Sexuality Education on People's Sexual Behavior" shows overwhelmingly that "there is no evidence to support the contention that sexuality] education in schools leads to earlier or increased sexual activity among young people."

Sexuality education focuses on providing young people with the information to form attitudes, clarify values, and gain insights into the development of relationships with an emphasis on responsibility.

Sexuality education is not about destroying children's moral fiber as some people want you to believe. It is about building and nurturing young people's lives.

Sexuality education reinforces a core set of human values-the same ones that are taught and propagated by most religions-the concepts of honesty, trust, responsibility, and respect for oneself and others.

What, indeed, are morals or morality if not the providing of education and services that seek to sustain, prolong, and protect human life and health? What is morality if it is not the act of supporting young people to engage in personal reflection in order to make caring and responsible choices about matters that can alter their lives.

From a speech at the *Nigerian Guidelines Ceremony* by Nike O. Esiet, project director Action Health Incorporated, Lagos, Nigeria

As AIDS cases and deaths have dropped in recent years, the number of people living with HIV (HIV prevalence) is increasing. As HIV prevalence continues to increase, there will be an increased need for both prevention and treatment services.

Nearly a third of those who didn't think they were at risk admitted they had no idea how the virus (HIV) was spread. Some rural Americans still aren't getting the message about how AIDS is spread.

Montana AIDS Cases as of October 31, 1998

Includes all cases reported to the Montana Department of Public Health & Human Services since 1985.

Reported Cases meeting CDC AIDS Case Definition	Adult/Adolescent		Pediatric (<13)		Total	
	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)
Total:	395 (100)	218 (55)	4 (100)	4 (100)	399 (100)	222 (56)

Exposure Category- Adults and Adolescents	Males (%)	Females (%)	Total (%)
Men who have sex with men	220 (62)	0 (0)	220 (56)
Injecting Drug Use (IDU)	43 (12)	4 (10)	47 (12)
Men who have sex w/ men & IDU	38 (11)	0 (0)	38 (10)
Hemophilia/Coagulation Disorder	9 (3)	0 (0)	9 (2)
Heterosexual Contact	12 (3)	25 (63)	37 (9)
Transfusion with Blood or Blood Products	5 (1)	4 (10)	9 (2)
None of the Above/Under Investigation	28 (8)	7 (18)	35 (9)
Total:	355 (100)	40 (100)	395 (100)

Exposure Category- Pediatric Cases (<13)	Males (%)	Females (%)	Total (%)
Mother with/at risk for HIV infection	3 (100)	1 (100)	4 (100)
Total:	3 (100)	1 (100)	4 (100)

Age at Time of Diagnosis	Cases (%)
Under 5	4 (1)
5-12	0 (0)
13-19	2 (1)
20-29	85 (21)
30-39	192 (48)
40-49	76 (19)
Over 49	40 (10)
Unknown	0 (0)
Total:	399 (100)

Race/Ethnicity	Adult/Adolescent	Pediatric<13)	Total
	Cases (%)	Cases (%)	Cases (%)
White	348 (88)	2 (50)	350 (88)
Black	11 (3)	0 (0)	11 (3)
Hispanic	11 (3)	0 (0)	11 (3)
Asian/Pac.Isr	0 (0)	0 (0)	0 (0)
AmerInd/Alskn	25 (6)	2 (50)	27 (7)
Unknown	0 (0)	0 (0)	0 (0)
Total:	395 (100)	4 (100)	399 (100)

Other HIV/AIDS Related Information:

US AIDS Cases as of August 31, 1998: 673,170 (Sept. data unavailable) Montana AIDS Cases reported in 1998: 26

HIV testing at the Public Health Lab since 1985 (testing contains duplicates): 118,156 (588+) In 1998: 9,332 (24+)

Cases include 294 Montana cases & 105 individuals diagnosed in other states who moved to, or returned to Montana.

For more information contact Jim Murphy at (406) 444-0274 or the *STD/HIV Info Line* at 1-800-233-6668.

1998 CDC Guidelines for Treatment of Sexually Transmitted Diseases

The Centers for Disease Control and Prevention (CDC&P) "1998 Guidelines for Treatment of Sexually Transmitted Diseases" is now available. The Montana Department of Public Health and Human Services STD/HIV section received a limited number of bound copies which have been distributed. The STD/HIV section encourages all clinicians who provide client services for sexually transmitted diseases to obtain a full copy of these new guidelines. A one page quick reference of these guidelines is also available per request, as is the full report in photo ready copy form.

The report may also be obtained via the Internet free of charge. The Internet address is "cdc.gov" which will bring you to CDC's homepage, and then click on the icon for the 1998 STD Treatment Guidelines. In order to read the report you need to download the "Adobe Acrobat Reader" which is also located on the CDC home page and is free. The download is relatively user friendly, just follow the prompts. The Adobe Acrobat allows you to download and/or read any .pdf (portable document file) that you find on the Internet.

If you would like a copy of these new treatment guidelines, or need assistance in obtaining a copy from the Internet, or if you have any questions about sexually transmitted diseases, please feel free to call (406)444-3565 and we will gladly help you in any way we can!

Terry Peterson

800 copies of this public document were published at an estimated cost of 30¢ per copy, for a total cost of $240.00, which includes $240.00 for printing and $.00 for distribution.

MONTANA
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